

Registration Verification Form

To be completed and signed by Camp Director or Registrar and submitted with application

The Camp Scholarship program is provided through the Family Center for Children and Youth with Special Health Care Needs (Family Center) and made available with funding from the Children's Special Needs Fund (CSN). The Family Center is the statewide parent-directed center within Children's Special Health Care Services (CSHCS) and the Michigan Department of Health and Human Services (MDHHS). The purpose of the Camp Scholarship Program is to:

- Increase accessibility to summer camping opportunities for children and youth with special health care needs (CYSHCN).
- Offer opportunities for cyshcn to engage in the community, gain a sense of belonging, build relationships, and have fun in a safe and supportive environment.
- Provide respite for parents and other family members of CYSHCN.

Camper's Name _____ Camp Name _____

Dates attending camp _____ Cost of Camp Session _____

Camp address _____

Camp License no. _____ Camp Contact: _____

Contact email/phone _____

Acknowledgements:

I acknowledge that this camper has registered for camp.

I understand that the Family Center for CYSHCN scholarship is in the amount of \$350 which will be paid directly to the camp. The family is responsible for any remaining balance.

Signature of Camp Director and/or Registrar _____

Date _____